	CAN	IPAIGN F	INANCE REP	ORT		
	Name and Ac	ldress of Fi	ling Candidate	or Com	mitte	e
Name: Address: City, State, Z	Lip:	Browning fo 2432 W Cor Allentown F	0			
		Repo	rt Filed By			
Candidate			Committee			X
Type of Repo	o rt day Pre-Primary	7	Election Date 05/19/2015	Amend	ed	Termination
Termination	Report?					
Office Sough	t By Candidate)	Party	County		
Lehigh County Commissioner At-Large		r At-Large	R	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	01/01/2015		To:	05/04/2015		
A. Amount B	rought Forwar	d From Las	t Report		0.00	
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	43,055.00	
C. Total Funds Available (Sum of Lines A & B)				43,055.00		
D. Total Expenditures (from Schedule III)			21,381.16			
E. Ending Cash Balance (Subtract Line D from Line C)				21,67	73.84	
F. Value of In-Kind Contributions Received (from Schedule II)			20,612.50			
G. Unpaid Debts & Obligations (from Schedule IV)					0.00	

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF ____/8____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From //// To 5/4/15

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBU	TOR
TOTAL for the Reporting Period	(1)		585.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	-0-
All Other Contributions (Part B)	\$ 0	2,205.00
TOTAL for the Reporting Period (2)	\$ 2	06.206,6

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)					
Contributions Received from Political Committees (Part C)	\$	3	000.00		
All Other Contributions (Part D)	\$	37	265.00		
TOTAL for the Reporting Period (3)	\$	40	,265.80		

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK	s, ere	: (FF	IOM-PART B
TOTAL for the Reporting Period	(4)	\$	-0-

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 43, 855.80
---	---------------

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

lame of Filing Committee or Candidate			From _//	1/15	_ to <u>5/</u>	1/15
121000 Mg 107 C	-U MANA	210NE	DATE		AMOUN	
ull Name of Contributing Committee				YEAR \$		
Mailing Address			MO. DAY	/EAR		
·				\$		
iity	State	Zip Code (Plus 4)	MO: DAY	YEAR \$	5	
ull Name of Contributing Committee			MO. DAY	YEAR S		
Mailing Address			MO. DAY	YEAR S		
	State	Zip Code (Plus 4)	MO. DAY	YEAR		
Dity		<u>-</u>		\$	5	
Full Name of Contributing Committee			MO. DAY	YEAR	\$	
Mailing Address			MO. DAY	YEAR S	\$	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR		
ony		-			\$	
Full Name of Contributing Committee			MO. DAY	YEAR	\$	
Mailing Address			MO. DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
			MO. DAY	YEAR		
Full Name of Contributing Committee					\$	
Mailing Address			MO. DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
			MO. DAY	VEAR		
Full Name of Contributing Committee			MO. DAY	YEAR	<u> </u>	
Mailing Address			MO. DAY	(Lendles on	\$	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
Full Name of Contributing Committee			MO. DAY	YEAR	\$	
			MO. DAY	YEAR		
Mailing Address					<u> </u>	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
Full Name of Contributing Committee	<u> </u>		MO. DAY	YEAR	\$	
Mailing Address			MO. DAY	YEAR	\$	1
	State	Zip Code (Plus 4)	MO. DAY	YEAR		
City	State				\$	7
	an Cabadula	I Detailed Summa	ary Page. Section		PAGE TOTAL) -
Enter Grand Total of Part A	on Scheaule	i, Dargillar Smilling	,		\$ ~ C	

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period	1 1
Browning For Commissioner	From /////	15 TO 5/4/15
	DATE	AMOUNT
Full Name of Contributor 10m Burke	MO. DAY YEAR	\$ 100.00
Mailing Address 2146 bondon Street	MO. DAY YEAR	
City Allendown State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO: DAY YEAR	\$ 60.00
Mailing Address	MO. DAY YEAR	\$
2864 Spring haven Place City Maciencie PA 18062 -	MO. DAY YEAR	\$
Full Name of Contributor, Sarnette	MO. DAY YEAR	\$ 100.00
Mailing Address /// Prospect Avenue	MO DAY YEAR	s
City Bellehom PA 1808 -	MO. DAY YEAR	•
Full Name of Contributor	MO. DAY YEAR.	\$
Mailing Address	MO. DAY YEAR	\$ 190.00
City (\$19t9 Zip Code (Plus 4)	MO. DAY YEAR	\$
Macungie 1/A /8062-	NO. DATE FEAT	\$
Full Name or Contributor Congrad,	MO: DAY YEAR	\$ 195.00
Mailing Address 1019 Walnut Street	MO. DAY YEAR	\$
City Allentown State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Stothoff	MO. DAY YEAR	\$ 195.00
Mailing Address 631 Bethehem RD.	MO, DAY YEAR	\$
Cata Sue que PA 18052-	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$ 195.00
Mailing Address / Hunsicker Dr.	MO. DAY YEAR	\$
City Walnut part State (Plus 4) -	MO. DAY YEAR	\$
Full Name of Contributor M. I cheltre	MO, DAY YEAR	\$ 195.00
519 Mountain View RD.	MO. DAY YEAR	\$
Nazared State Zip Code (Plus 4) 18064 -	MO. DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ /, 230.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period
Browning for Commission	er From 1/1/15 To 5/4/15
	DATE AMOUNT
Full Name of Contributor	MG. DAY YEAR \$ 195 AG
Mailing Address	5 1 15 \$ 195.00 MO. DAY YEAR
16 Church N:11 Rd	\$
City State Zip Code (Plus 4)	MO. DAY YEAR
Barto PA 19504-	\$
Full Name of Contributor	5 1 15 \$ 195.00
Mailing Address	MO. YEAR
2762 Crapevine Ct.	\$
City State Zip Code (Plus 4)	MO. DAY YEAR \$
7200	
Full Name of Contributor, Nattocar	5 1 15 \$ 195.00
Mailing Address	MO. DAY YEAR S
1305 Homestead have [State, Zip Code (Plus 4)	
Loucaster State, Zip Code (Plus 4)	MO. PAY YEAR \$
Full Name of Contributor	
matt Keely	5 1 15 \$ 173.80
Mailing Address 15 Eshelman RQ.	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO DAY YEAR
City Lancaster Pt /7601 -	\$
Full Name of Contributor Mike Draguer Mailing Address	MO. DAY YEAR \$ 195.00
Mailing Address	MO DAY YEAR
321 Thomas Carly, Nr	\$
City State (Zip Code (Plus 4)	MO, DAY YEAR
Stewartsuille NJ 0886-	\$
Full Name of Contributor	MO. PAY YEAR \$
Mailing Address	MO. DAY YEAR
City State Zip Code (Plus 4)	MO. DAY YEAR S
Full Name of Contributor	MO. DAY YEAR
Tall Halle of Collaboration	\$
Mailing Address	MO. PAY YEAR S
City State Zip Code (Plus 4)	MO. DAY YEAR
-	\$
Full Name of Contributor	MO. DAY YEAR \$
Molling Address	
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO. DAY YEAR
-	\$
	PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summan	ry Page, Section 2. \$ 975.00

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting P	
Browning For Commitssion	e~ From //	1/15 TO 5/4/15
Full Name of Contribution Committee	DATE	AMOUNT
Full Name of Contributing Committee Cace Street PAC	4 29	\$ /,000.00
Address Diyoming Akt.	MO. DAY	YEAR \$
City State Zip Code		MAXIM
, , , , , , , , , , , , , , , , , , , ,	_	\$
Full Name of Contributing Committee For Under Renew	Q 4 29	5 2,000.80
Mailing Address 702 W. Har, Han St. Su 3		YEAR \$
City A / State Zip Code	(01.14 A)	YEAR
Allentown PA 18/01		\$
Full Name of Contributing Committee	MO. DAY	YEAR \$
Mailing Address	MO. DAYE	YEAR
City State Zip Code	(Plus 4) MO DAY	\$
		YEAR \$
Full Name of Contributing Committee	MO.	YEAR \$
Mailing Address	MO. DAY.	YEAR
City State Zip Code	(Plue 4)	\$
2,0000	- MO. DAY	\$
Full Name of Contributing Committee	MO. DAY	YEAR \$
Mailing Address	MO. DAY	YEAR
City State 1 7:0 Code		\$
State Zip Code	(Plus 4) MO. DAY	YEAR \$
Full Name of Contributing Committee	MO. DAY	YEAR
Mailing Address	Mo. DAY	\$
City State 7 Code		YEAR \$
State Zip Code	(Plus 4) MO. DAY	YEAR \$
Full Name of Contributing Committee	Mo. DAY	YEAR
Mailing Address		\$
A.	MO. DAY	\$
City State Zip Code	Plus 4) MQ. DAY	YEAR \$
Full Name of Contributing Committee	MO. DAY	(-2 ¹ 17 mm)
Mailing Address		\$
-	Mo. DAY	\$
City State Zip Code	Plus 4) MO. DAY Y	S S
	_	
Enter Grand Total of Part C on Schedule I, Detailed S	Summary Daga Sastia- 6	PAGE TOTAL
SEB-502 (7-99)	Milliary Page, Section 3	s. \$ 3,000.00

PAGE 7 OF 18

PART D **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period /	1 /
Browning for Commissioner	From _/// //_	5 to 5/4/15
	DATE	AMOUNT
Full Name of Contributor Charles R. Stowny	MO. DAY YEAR	-
Mailing Address	MO. DAY YEAR	<u>\$ 5,000.80</u>
8906 Founders Circle		\$
City Palmedo State Zip Code (Plus 4)	MO, DAY YEAR	4
Employer Name 1 A	Occupation	\$
Rethed	Relie	Q.
Employer Mailing Address/Principal Place of Business		
Full Name of Copyributor		
Circle Carce	MO. DAY YEAR 3 / /S	\$ 2,500.00
14906 21 Hrenus SW	MO. DAY YEAR	\$
City / State Zip Code (Plus 4)		9
5=attle WA 98/66 -	MO. DAY YEAR	\$
Employer Name	Occupation	1
Employer Mailing Address/Principal Place of Bus/ness	Consulten	<u>*</u>
9		
Full Name of Contributor	MO. DAY YEAR	
Mailing Address Mailing Address		\$ 2,500.00
4351 Hillow Drive	MO. DAY YEAR	\$
City Emmans PA 18049 -	MO. DAY YEAR	_
Employer Name		\$
Employer Mailing Address/Principal Place of Bes/ness	Occupation Self-Empl	
Employer Mailing Address/Principal Place of Business	T D C C C C C C C C C C C C C C C C C C	03/40
Full Name of Contributor		
Rence han	MO. DAY YEAR	60.002,6
Mailing Address Y Villa Maria	MO. DAY YEAR	<u> </u>
State Zip Code /Plus 4)		
1/X1/262 -	MO. PAY YEAR	3
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business	Owner	
Bryon TX 7780)		
Full Name of Control butor	MO DAY	
Meiling Address	4 10 15 \$	06.068,\
4728 Porter Drive	MO: DAY YEAR \$	
State Zip Code (Plus 4)	MO. DAY YEAR	
imployer Name () () () () () () () () () (Occupation	
Delt- Employed	1 rainer	
mployer Mailing Address/Principal Place of Business		
The Court Total Court		
nter Grand Total of Part D on Schedule I, Detailed Summary	Page, Section 3.	GE TOTAL
EB-502 (7-99)	\$	14,300.00

DSEB-502 (7-99)

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period / /
Stowning for Commissioner	From 1/1/15 To 5/4/15
O	DATE AMOUNT
Full Name of Contributor Cynthra McCrachen	MO. DAY YEAR \$ / CO.S. AS
Mailing Address	MO. DAY YEAR
City State Zin Code (Plus A)	\$
Windber PA 15963-	MO. DAY YEAR \$
Employer Name Self-Employee Employer Mailing Address (Principal Blood Builds)	Occupation Conscellent
Employer Walling Address/Fillicipal Flace of Business	
Full Name of Contributor William Daggett III	MO. DAY YEAR \$ U/ 2 20
Mailing Address 1.0 0	4 33 15 \$ 460.00 MO. DAY YEAR
119 Caro Courci Road	\$
City Proenty 4: 1/2 State Zip Code (Plus 4)	MO. DAY YEAR \$
Employer Name Kistler-Tiffen Severity	Occupation President
Employer Mailing Address/Principal Place of Business Berwyn,	PA 19312
Full Name of Contributor	MO BEDAY BEYEN
Mailing Address	4 24 15 \$ 500.00 MO. DAY YEAR
City State Tip Code (State)	\$
Lacron PA 19087-	MO. DAY YEAR \$
Mod avoilable	Occupation
Employer Mailing Address/Principal Place of Business	
Full Name of Contributor	MO. DAY YEAR
Mailing Address	4 24 15 \$ 500.80 MO. DAY YEAR
City State 7 Tip Code (Pline 4)	4 29 15 \$ 1,000.00
Wayne Pt 1908) -	MO. DAY YEAR \$
Mot available	Occupation
Employer Malling Address/Principal Place of Business	
Full Name of Contributor Nathan Janeson	MO. DAY YEAR
Nathan Janeson Mailing Address	4 24 15 \$ 500.00
524 Sant Davids Acc	MO: DAY YEAR \$
Wayne State Zip Code (Plus 4)	MO. DAY YEAR \$
Not available	Occupation
Employer Mailing Address/Principal Place of Business	
	DACE TOTAL

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PART D **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	, , ,
Browning For Commissioner	From _////	15 to 5/4/15
	DATE	AMOUNT
Full Name of Contributor	MO DAY YEAR	(5)
	MO DAY YEAR	173.00
765 N. 38th Shad		\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Employer Name		\$
How 10 Sell the Places	Occupation Princip	val
Employer Mailing Address/Principal Place of Business	U	
Full Name of Contributor Joann Voceght	MO. DAY YEAR	\$ / Dan an
	MD. DAY YEAR	1,000.00
5 John Street] \$
14. State Zip Code (Plus 4)	MO. DAY YEAR	
Employer Name Conville NJ 07751 -	Occupation	\$
KEC Holdmy	CEC	
Employer Mailing Address/Principal Place of Business 317 Howard St. Marasquest		~ ~ /
Full Name of Contributor		08736
Kanda Kroschuitz	MO. DAY YEAR 4 S8 /S	
Mailing Address	MO. DAY YEAR	7,000.00
City Deen RQ		\$
State Zip Code (Plus 4) Employer Name A 18014 -	MO. DAY YEAR	\$
	Occupation	
Employer Majling Address/Principal/Place of Business	Plesto	• *
Employer Mailing Address/Principal Place of Business Allendown	0.1	
Full Name of Contributor	PA 18/09	
10m Gibson	MO. DAY YEAR Y 28 /S	\$ 1,800.00
Mailing Address 3122 Cleeb Dr.	MO. DAY YEAR	7,000.00
City 1 State Zip Code (Plus 4)		\$
M/entown PA 18/08 -	MO DAY YEAR	\$
	Occupation	10.
Employer Mailing Address/Principal Place of Business	/Sushre	ess Admir.
1538 Springhouse Road A	Hle tan P	A 18104
Full Name of Contributor	MO DAY YEAR	
Mailing Address 5 100 000	4 29 15	\$ 1,000.80
3150 Cotteetown RD.	MO. DAY YEAR	\$
Ore C. QQ PA 18069-	MOVE	\$
Employer Mailing Address/Principal Place of Business	Occupation When Y	President
3150 Cottee town Rd. Dref	20 PA 18	269
Enter Grand Total of Part D on Schedule I, Detailed Summary		PAGE TOTAL

PART D **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Stown For Commits shower	Reporting Period	5 to 5/4/15
Drown for Commissioner	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	¢
Mailing Address	MO. DAY YEAR	1,000.00
5720 Mountoin Laurel Dr.		\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name Not available	Occupation	
Employer Mailing Address/Principal Place of Business		
	MO. DAY YEAR	
Full Name of Contributor Robert Johnson	4 29 15	\$ 1,000.00
Mailing Address /390 Rageriew Dr. Jasod	MO. DAY YEAR	\$
City Allenton State Zip Code (Plus 4) 8/04-	MO. DAY YEAR	\$
Inployer Name Johnson Land Co.	Occupation Survey	V Presided
Employer Mailing Address/Principal Place of Business 1390 Place View At. See 302	Allentown	PA 18104
Full Name of Contributor	MO. DAY YEAR 4 So /S	\$ 1,800.00
Mailing Address 1895 Mac Arthur RD.	MO. DAY YEAR	\$
City State Zip Code (Plus 4) A 1805 -	MO. DAY YEAR	\$
Employer Name A- Tran Auto Tite & Ser.	Occupation	
Frederica Malling Address (Principal Blace of Business	Heloop PA	L 12057
Full Name of Contributor	MO. DAY YEAR	\$ / 880.85
Mailing Address 5/7 Senaca Street	MO. DAY YEAR	\$ /, <u>8</u> 00.80
City / State Zip Code (Plus 4)	MO. DAY YEAR	
Bethlehem PA 18015-	Occupation	\$
New Vitae	President	4 CEO
Employer Mailing Address/Principal Place of Business 16 S. Main St. Dualentown	PA 18951	
Full Name of Contributor Cen Abboud	MO. DAY YEAR	\$ 395.00
Mailing Address 167 N. Commune Way	MO. DAY YEAR	\$
City Bellehen State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name Abbourd Consent Am Drc.	Occupation Parks	~
Employer Mailing Address/Principal Place of Business (6) M. Commerce Way B	- Al Colo.	PX 18017
		PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summary	Page, Section 3.	\$ 5,195.00

PART D **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	1 1 1
Browning for Commissioner	From _ / / /	15 to 5/4/15
0	DATE	AMOUNT
Full Name of Contributor book Absord	MO. DAY YEAR	\$ 395.00
Mailing Address / Stentwood Acc	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Employer Name 11	Occupation A	\$
Employer Mailing Address/Principal Place of Business	Parke	<u> </u>
167 Commerce Way Bethe	len PA 180	17
Full Name of Contributor Howe	MO. DAY YEAR	\$ 480.00
Mailing Address & Blue Jan Drive	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	46
Employer Name (19670 -	Occupation 4 1 1	\$
Employer Mailing Addless/Principal Place of Business	Attor	la.
Employer Mailing Addless/Principal Place of Business 1622 Aruce St. Philadel	phia, PA.	19/03
Full Name of Contributor	MO. DAY YEAR S 4 15	\$ 2,500.00
Mailing Address //23 M. Broad St.	MO. DAY YEAR	\$
City State Zip Code (Plus 4) 18/04 -	MO DAY YEAR	
Employer Name 1 N	Occupation 2 0	\$
Employer Mailing Address/Principal Place of Business	Reh	-= 0
Full Name of Contributor John R. Lovett	MO. DAY YEAR	\$ / 22 2.80
Mailing Address 2830 W. Libert St.	MO. DAY YEAR	\$ /,000.00
City / / / State / Zin Code (Plus 4)	MO. DAY YEAR	
Employer Name	Occupation 1	\$
Employer Mailing Address/Principal Place of Business	Refre	\mathcal{Q}
complete wearing Address/Filicipal Flace of Business		
Full Name of Contributor Scando (a	MO. DAY YEAR	\$ / 200 00
Mailing Address	MO. DAY YEAR	\$ /, 800.00 \$
City / / / State Zip Code (Plus 4)	MO: DAY YEAR	
Employer Name 1 1/04 -	Occupation 2	\$
Employer Mailing Address/Principal Place of Business	Real	er
4205 r. Chmon St. Allerton	on PA 18	704
Enter Grand Total of Part D on Schedule I, Detailed Summary	Page. Section 3	PAGE TOTAL
SEB-502 (7-99)	g_,	\$ 6,175.00

DSEB-502 (7-99)

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Brown For Com	Smi	isstater		From	/ / /	15 to 5/	4/15
V							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
	'					\$ - 8	りー
Receipt Description	•						(
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description			<u> </u>		<u></u>	Ψ	+
Full Name							+
Mailing Address							1
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	+
Receipt Description	<u> </u>					\$	
Receipt Description							
Full Name							
Mailing Address							
				W. Sharryon,			
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description		<u></u>		<u> </u>		4	+
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	МО.	DAY	YEAR	Amount	+
Receipt Description	Ш					\$	
Page 15 tron							T
Full Name							†
Mailing Address							-
City		0			- Poor		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description				<u></u>		Ψ	
						TAGE TOTAL	
Enter Grand Total of Dart E on Schad	ا مادا	Detailed Commonwe		-41		PAGE TOTAL \$ - \(\bigcirc	_
Enter Grand Total of Part E on Sched	ule I,	Detailed Summary	Page,	Section	i 4.	\$ -0	_

SCHEDULE II

PAGE 13 OF 18

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od/	//~	
Browning for Commissioner	From _//	/15	To 5/4/15	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR L	ESS PE	R CONTRIBUTOR	
TOTAL for the Reporting Period	d (1)	\$	-0 -	
			an en ancienta de la companya de la	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRON	PART	F)	
TOTAL for the Reporting Perio	d (2)	\$	-0-	
				······································
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G			
TOTAL for the Reporting Perio	od (3)	\$	0,612,50	>
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$ ~	10,612.50	2

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Repo	orting Period	/	-1
Browning For Con	me	issianer	Fr	om <u>///</u>	/S To S	14/15
$\overline{}$				ATE	AM	OUNT
Full Name of Contributor			MO.	DAY - YEAR	\$ _ 5) -
Mailing Address			MO.	DAY YEAR		<u></u>
					\$	
City	State	Zip Code (Plus 4) —	MO.	DAY YEAR	\$	
Description of Contribution:	·					
Full Name of Contributor			MO.	DAY YEAR	51	
					\$	
Mailing Address			MO.	DAY YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
		-			\$	
Description of Contribution:						
Full Name of Contributor			MO.	DAY YEAR	6	
N 100 - Addison	······································				\$	
Mailing Address			MO;	DAY YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
	<u> </u>	-			\$	
Description of Contribution:						
Full Name of Contributor			Мо.	DAY YEAR	\$	
Mailing Address					P	
Marting Address			MO.	DAY	\$	
City	State	Zip Code (Plus 4)	мо.	DAY YEAR		
Description of Constitution		-			 \$	
Description of Contribution:						
Full Name of Contributor			MO.	DAY YEAR		
Mailing Address					\$	
Mailing Address			MO.	DAY YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
Description of Contribution:		-] \$	
bescription of contribution.						
Full Name of Contributor			MO.	DAY YEAR		
Mailing Address					\$	
maning Address			MO	YEAR YEAR	 \$	
City	State	Zip Code (Plus 4)	MO, t	DAY YEAR		
Description of Contribution:					\$	
Description of Contribution:						
Enter Grand Total of Best Fire Co.	l - ··	L. 1/1. 1 A			PAGE TOTAL	
Enter Grand Total of Part F on Sched Summary Page, Section 2.	iule II	, In-Kind Contribut	tions Detai	led	\$ -0) ~
• • • • • • • • • • • • • • • • • • • •						_

\$20,612.50

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			F	Reporting	Period /	/ / _
Browning for Co	Ma W	itssioner		From	1/1/1	15 to 5/4/15
()				DATE		AMOUNT
	lax	Facts	MO. Š	DAY DG	YEAR /	\$ 16,000.00
Mailing Address	200	Q	Mo.	DAY	YEAR	\$ 4,613.50
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	14.	10/01	Occupat	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business			I	tion of Con	_	2.1.
The second			MO.	DAY	ا کے YEAR	Postage
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor	1		Occupat	ion	<u> </u>	1
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution	
Full Name of Contributor			l Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupat	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
					1. 7	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	ion	I	L
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address		-				\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Employer of Contributor			Occupati	ion		
Employer Mailing Address/Principal Place of Business			Descripti	ion of Cont	tribution	
						PAGE TOTAL
Enter Grand Total of Part G on School Summary Page, Section 3.	,ii elut	, In-Kind Contribut	tions De	etailed		\$20,612,50

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Browning For Commissioner	From 1/1/15 To 5/4/15
To Whom Paid Consul Airy Mailing Address	MO. DAY YEAR Amount 3 2 15 \$ 1, 208.65
Mailing Address // Maxwell 1. Ju 202 City State Zip Code (Plus 4)	Description of Expenditure
City State Zip Code (Plus 4)	1031C483
Wall 1507719-	MO. DAY YEAR Amount 4
To Whom Paid R Consel Any	MO. DAY YEAR Amount 2 \$ 15 15 \$ 3,000.00
Mailing Address 1004 Maxwell Dr. Su 200	Compargu planning
City Wall State Zip Code (Plus 4) NJ 0>7/9-)
To Whom Paid Lypness Styn Outlet	MO. DAY YEAR Amount \$ /06.00
Mailing Address 4865 Han, (ton 15/40),	Description of Expenditure Magnets
City Allendown State Zip Code (Plus 4)	0
To Whom Paid. Sillespie Painting	MO. DAY YEAR Amount 98.37
Mailing Address 709 Roble Road	Description of Expenditure Author Au
City Allentown State Zip Code (Plus 4) PA 18/09 -	Phyeloges
To Whom Paid lespie Paraly	MO: DAY YEAR Amount 405.36
709 Rober Road	Description of Expenditure
City Allentour PA 18709 -	
To Whom Paid Postmaster	MO. DAY YEAR Amounts 4 15 15 \$ 3,705.00
Mailing Address holiza Valley Ratail Unit	Description of Expenditure
City Sefulchen State Zip Code (Plus 4)	O
To Whom Paid Ostmaster	MO. DAY YEAR Amount 4 21 15 \$ 6,210.80
Mailing Address, Lehal Unit	Description of Expenditure
City Bellelen State Zip Code (Plus 4)	0
To Whom Paid Conser O the	MO. DAY YEAR Amount \$ 1,780.80
Mailing Address / DY Maxwell Dr.	Description of Expenditure
City State Zip Code (Plus 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover F	Page, Item D. \$ 16,814.16

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting		
Browning for Com	mts	istomer		From	1/1/	5 to 5/4/15
To Whom Paid White tail Golf	Cle	rp	_мо	DAY (YEAR /	* 1,372.00
Mailing Address 2679 Klem 10	00			on of Exp	8 al	
Bath	State	Zip Code (Plus 4) 18014 -				Q.
To Whom Paid Poslmaster			MO.	DAY	YEAR _	Amount 3,195.00
Mailing Address Lingh Valley 1	Llai	O Unt	Descripti	on of Exp	enditure	
Beth leham	State	Zip Code (Plus 4) /80/7 -			0	
To Whom Paid			МО	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount
Mailing Address			Descript	on of Exp	enditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$
Mailing Address	***************************************		Descripti	ion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid	<u> </u>		мо.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	<u> </u>
City	State	Zip Code (Plus 4) —				than that the second of the se
To Whom Paid			MO.	DAY	YE AR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
			4			PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover P	age, It	em D.		\$ 4,567.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate			Reporting	Period	_	1.1
Browning For Commitses	larer		From	1/1/	1 <u>15</u> το <u>5</u>	14/15
Name of Creditor					Outstanding B	lalance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR		1
City	INCURRED	State	Zip Cod	e (Plus 4)		
Description of Debt		<u> </u>				
Name of Creditor					Outstanding B	Salance of Debt
					\$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	PASY		
City	INCOLLED	State	Zip Cod	e (Plus 4)		
Description of Debt		11				
Name of Creditor					Outstanding E	Salance of Debt
					\$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Cod	e (Plus 4)		
Description of Debt		11				
Name of Creditor					Outstanding F	lance of Debt
					s	
Mailing Address	DATE DEBT	MÖ.	DAY	YEAR		
City	INCURRED	State	Zip Cod	e (Plus 4)		
Description of Debt						
Name of Creditor					A	
Name of Creditor					S S	alance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	INCURRED	State	Zip Cod	e (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding D	alaman of Daha
Hame of Greator					\$	alance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	1	
	INCURRED	State	Zip Code	e (Plus 4)	1	
City		• • •	Zip Cou			
Description of Debt			Zip cou.			
			210 000			
	aport Cover I				PAGE TOTAL	